



PATIENT

Fonzie Grutzmacher

SPECIES

Canine

BREED

Mini Dachshund

SEX

NM

AGE

20 years

WEIGHT

8 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Robyn Lantz

HOSPITAL NAME

Eastgate VC

REFERRING VET

Josiah Moses

INVOICE

16628

DATE

4/18/23

PRESENTING CLINICAL SIGNS

4/7/2023 Exam: P's paws are mostly healed, the rear L and front R. The L front paw on the L front digit is still having crust, swelling, and bleeding on a daily basis. Last week P became dehydrated O went to Ark to get fluids 2 days in a row and had excessive energy after but O did not notice any change in P drinking water. P has behavior issues when urinating, will only go with female O. History of eating foreign bodies. Gastro biome kibble w/ wet food 1/2 cup a day gaba 3x a day, levo thyroid meds Toe has infection ocular changes age related most likely IVDD/other spinal disease previous dental disease muscle wasting, but weight relatively stable being managed for hypothyroidism Exam: 3/24/2023 _Gabapentin TID 10mg, Levothyroxine, Joint Supplement, 15 drops fish oil BID, Selaglen, CeraSmooth CHX + KET mousse, Adequan_ Royal Canine GI- 1/3c BID _O noticed that pt started a swelling on the right front foot. Overnight it burst and has gone down significantly. Pt was holding the foot up not wanting to bear much weight. Pt was seen for this recently for the same issue on the other foot. Pt just got back on the levothroxine 1 week- was out for a 1 week then the sores/skin issues started. Mass(es): RTL: a swelling between digit 2 and 3 of ~1cm diameter with mild discharge on the dorsal aspect. LTL: mild swelling and scab on the medial aspect of digit two, no other swelling. All four paw pads feel soft. No ulcerations on the ventral paws. Alopecia on the dorsal tail. Muscle Atrophy: on epaxial muscles Other: Non ambulatory from both pelvic limbs. Ambulatory from the forelimbs ASSESSMENT Pododermatitis Hx hypothyroidism Hx canine cognitive dysfunction Hx of R mandibulectomy Bilateral mature cataract formation - not examined today Conscious proprioception deficits/ ataxia in both hind legs Muscle atrophy

Abnormal PE/Chem/CBC/UA Results: ALT (12-118 IU/L) 240 (HIGH) PrecisionPSL(24-140 U/L) 166 (HIGH) Rest of senior canine profile labwork nsf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild, non-dependent, hyperechoic sediment, which may indicate cellular debris / protein, or crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the residual prostate was free of overt pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.4 cm width in the



PATIENT	cranial pole and 0.43 cm width in the caudal pole. No adrenal tumors were noted. The right adrenal gland was not definitively visualized.
Fonzie Grutzmacher	
SPECIES	Spleen
Canine	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.
BREED	Liver/ Gallbladder
Mini Dachshund	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture with hepatic parenchymal remodeling exhibiting minor decreased parenchyma echogenicity. Mild increased yet indistinct prominence of the portal vascular borders was noted. The gallbladder was non-distended in size containing primarily anechoic content with mild to moderate, nonorganized, hyperechoic gallbladder debris. Non-thickened mildly hyperechoic gallbladder walls were noted. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.
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INTERPRETED BY	Gastrointestinal
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. Normal visible colon wall layers were present with apparent formed feces in lumen.
IMAGING PERFORMED BY	Pancreas
Robyn Lantz	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
HOSPITAL NAME	Free Abdomen
Eastgate VC	No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.
REFERRING VET	ULTRASONOGRAPHIC FINDINGS
Josiah Moses	<ul style="list-style-type: none"> • Mild urinary bladder sediment • Bilateral chronic renal changes • Low-grade hepatopathy exhibiting mild parenchymal remodeling • Mild gallbladder debris - non-mucocele, possible low-grade chronic cholecystitis • Mild pancreatic remodeling
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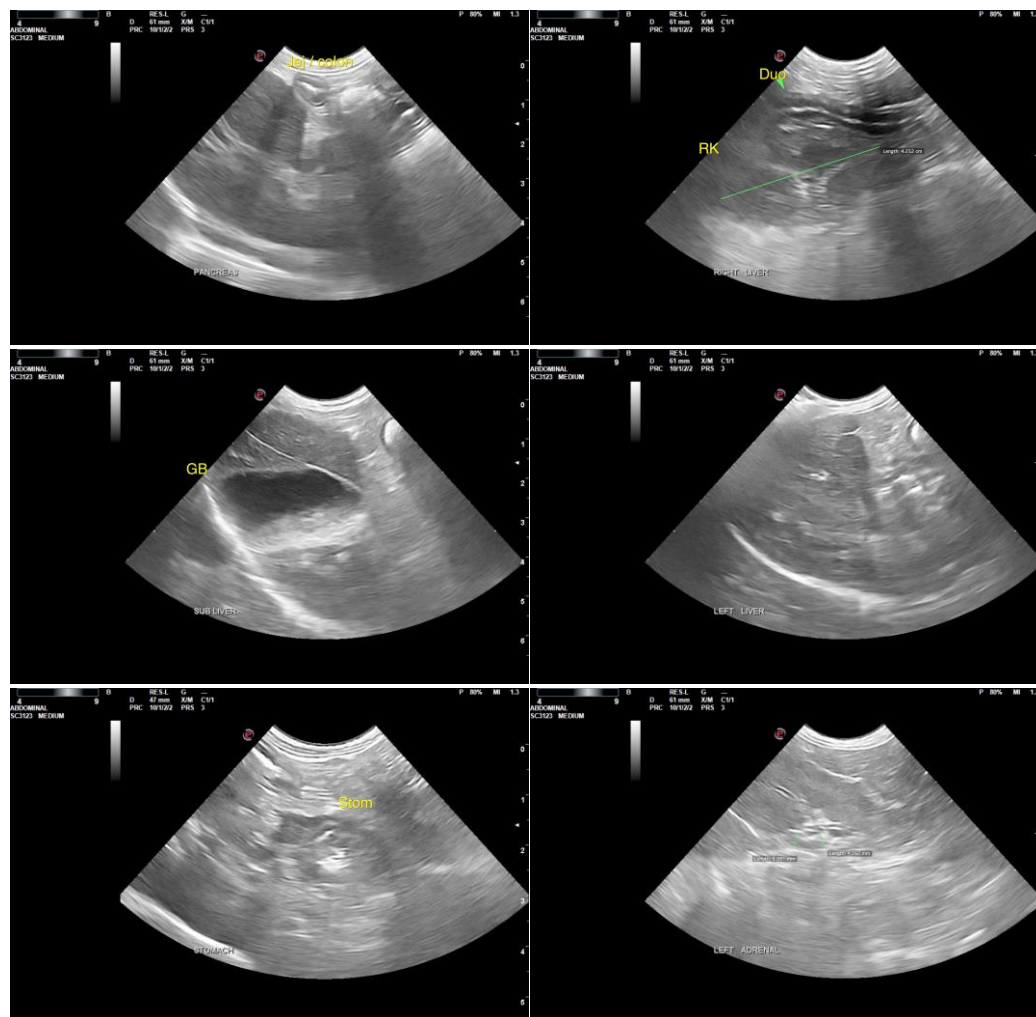
4/18/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely geriatric abdomen without sonographic evidence of significant visceral pathology. No evidence of intraabdominal neoplastic criteria was noted.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

No evidence of active pancreatitis with suspect age-related pancreatic changes and potential for low-grade chronic pancreatitis possible. Correlation with a Spec cPL may be considered if clinical signs consistent with chronic pancreatitis arise. Hepatosupportive medications including Denamarin +/- Ursodiol may be considered if progressive ALT elevations or evidence of cholestasis are present.





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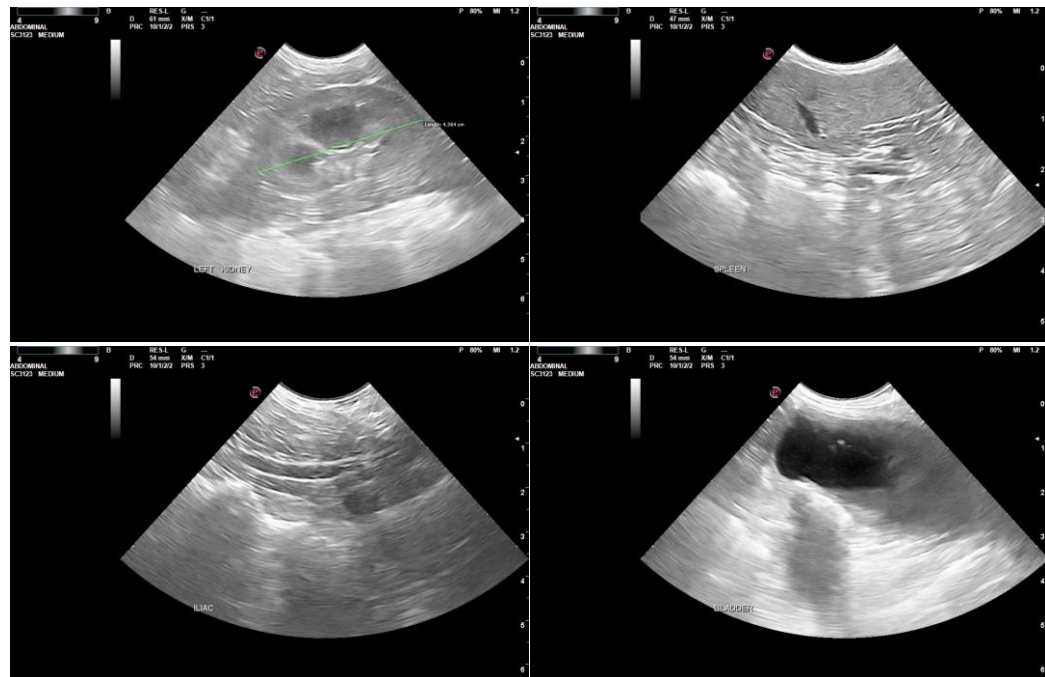
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com